

Acute Alcohol Withdrawal Order Set

Date: ___/___/___

Name: _____

Time: _____

Age: _____ DOB: ___/___/___

Allergies:

Medical record #: _____

1. Admit to: Medical floor Telemetry ICU

2. Attending Dr: _____ phone:

3. Admitting Dx: Acute Alcohol Withdrawal

4. Contributing Dx:

5. Condition: Stable Fair Serious Critical

6. VS: Q 4 hr.

7. Activity: Bedrest x 24 hours then up prn
 Fall Risk
 may restrain if extreme agitation – notify physician

8. Nursing: I/O Q shift.
Daily weight.

9. Diet: Regular as tolerated

10. IV: Hep-Lock

11. Meds: Thiamine 100 mg IM/IV Qd.
Folate 1 mg IM/PO Qd.
Multi-mineral/vitamin 1 PO Qd.
 MgSO4 1 gram IM qid x 1 day

12. Withdrawal coverage: Librium (chlordiazepoxide) 50 to 100 mg po q 4 to 6 hours
or
(consider taper if: Ativan (lorazepam) 1 to 2 mg po q 6 to 8 hours
1. sedated or
2. after 72 hrs) Serax (oxazepam) 15 to 30 mg po q 6 to 8 hours
and
 Valium 10 mg IV x 1 then 5 mg IV q 5 minutes prn DT's
or
 Haldol 2 to 4 mg q 2 to 6 hours prn DT's

13. Labs: CBC, CMP, PT/PTT/INR, Mg, Thiamin, B12, Folate, EKG.

14. Other: Notify Physician if: deteriorating mental state, seizure, abdominal pain, T 100°F or >, HR > 110 or < 60, BP < 90/60 or > 170/110.

Signature